In respect of AIIMS, New Delhi, a total of 190 posts of faculty at various levels are lying vacant at present.

(e) In the year 2006 and 2007, efforts were made to fill up a total number of 131 vacant faculty posts. But the selection process for the advertisement posts could not take place due to administrative reasons. The recruitment for these faculty positions will begin as soon as necessary clarification is issued by the Competent Authority.

Neo-natal mortality in India

525. SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has examined the recent report of the global NGO "Save the Children" ranking India 171 out of 175 countries in public health spending;

(b) whether the survey carried out by the NGO in 14 countries, finds that India has the highest under-five mortality with 2 million children dying before their fifth birthday every year;

(c) whether even the countries like Peru, Bangladesh and Nepal fare much better than India as far as neo-natal mortality is concerned; and

(d) if so, what are Government's comments thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) According to the State of the World's Mothers Report 2008, Closing the Survival Gap, published by Save the Children, a US based Organisation, the Basic Report Card has placed India at a rank 27th with Philippines ranked highest at 1 and Ethiopia ranked lowest at 55. Peru is ranked 2 and Bangladesh and Nepal ranked 44. No specific ranking in public health spending is in this report.

The sampling techniques, the methodology of sample collection and data survey have not been shared with the Government nor has the report been presented to the Government.

Under, the umbrella of National Rural Health Mission (NRHM) the Reproductive and Child Health Programme, aims to improve access to equitable, affordable, accountable and effective primary health care, in the rural areas of the country, especially for poor women and children, with a special folcus on 18 States which have weak public health indicators and weak infrastructure. The following activities are taken up besides strengthening of District Hospitals, Community Health Centres, Primary Health Care Centres and Sub-centres to provide basic maternal and child health care.

- Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Insitutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women.
- Selection, of an Accredited Social Health Activist (ASHA) for every village to facilitate accessing of health care services by the community including pregnant women.

- Operationalising Community Health Centres as First Referral Units (FRUs) and 50% of all Primary Health Centres for providing 24x7 services.
- Augmenting the availability of skilled manpower by means of different skill-based tranings such as for providing Skilled Attendance at Birth.
- Training of MBBS Doctors in Life Saying Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section.
- Strengthening of CHCs for first referral care -Provision of Emergency Obstetric and Neonatal Care at FRUs & Training of MBBS Doctors in Life Saving Anaesthetics Skills for Emergency Obstetric Care.
- Supplementary nutrition to pregnant and lactating mothers.
- National nutrition anaemia prophylaxis programme.
- Basic newborn care including care at birth-protection from hypothermia, infection and early initiation of breastfeeding and resuscitation.
- Immunization.
- Infant and young Child Feeding (Exclusive breastfeeding for 6 months and timely introduction of complimentary feeding).
- Vitamin A+ supplementation.
- Iron and Folic Acid supplementation.
- Integrated Management of Neonatal and Childhood Illness (IMNCI) and Facility based-IMNCI (F-IMNCI) for early detection and appropriate management of common childhood and neonatal illness as the facility as well as the community.
- Management of Acute Respiratory Infection (ARI), Diarrhoea among new born and under five children.

Shortage of qualified doctors

526. SHRI RAJEEV SHUKLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is acute shortage of qualified doctors in rural areas of the country;

(b) if so, to what extent;

(c) whether it is a fact that in India, there is only one doctor for every 1500 patients whereas World Health Organisation (WHO) recommends a doctor for every 250 patients;

(d) whether any plan has been chalked out for a separate cadre of doctors who will work only in villages; and

(e) if so, the details thereof?